

powder, when it was retained. Very violent muscular actions; pulse 86, and strong. The bandages became loosened, and permitted 16 ounces of blood to flow, the patient being held upright in bed. No evidence of syncope, no lessening of muscular action. Ordered two grains of calomel every two hours, and one grain of opium at 11 o'clock and 2 o'clock, if not quiet.

Feb. 18th, 8, A.M.—Same excitement continued all the past night. Pulse 90, and feeble. In the afternoon his strength declined, and at 8, P.M. he died, thirty-six hours after first appearance of disease.

Post-mortem.—All the bloodvessels of the brain highly injected; abnormal adhesion of dura mater to skull along longitudinal sinus; a cloudiness of entire surface of cerebrum and medulla oblongata; one ounce of effused serum in ventricles; choroid plexus very much injected; pia mater of spinal canal very much injected; turbid serum in lower part of canal, and evidences of inflammatory action along entire cord.

ON THE TREATMENT OF PLEURISY AND ENDOCARDITIS BY IODURATED FRICTIONS.

BY PROF. DELIOUX.

ALL those who have traced the progress and watched the tendencies of pleurisy know with what obstinacy the plastic exudations produced by the inflammatory process often persist. The pleuritic false membranes are not in general liable to a spontaneous and speedy resorption; by their mere presence they interfere with the normal functions of the organ in the interior of which they are formed, and secondarily with the functions of the lung which depend in part on the integrity of the pleura. By multiplying the surfaces of exhalation they are a frequent cause of those secondary effusions which complicate pleurisy which were originally dry; finally, they are converted into adhesions, which at the end of a certain time are organized and become irremediable. It is, then, of the greatest importance to disembarass the patients as soon as possible of intra-pleural false membranes; but their disappearance is not always readily brought about. Amongst the therapeutic means employed with this intention successive blisters present undoubted advantages, but when they fail they must be replaced by other remedies. M. Delieux has then recourse to topical applications of iodine, and they have been attended with a success which he thinks worthy of being recorded.

He employed in the first place tincture of iodine, but in the majority of cases it seemed insufficient. He then tried iodurated pomades, and they proved much more efficacious. In the circumstances under consideration, the "hydriodated pomade" of the pharmacopœia, which contains one eighth part of the iodide of potassium, is not active enough; accordingly, in the first place, he orders the addition of fifteen grains to the ounce. If the desired effect is not produced, he increases the quantity both of iodine and of iodide of potassium; and the formula which he in general finds most useful is the following:—

Iodine, half a drachm; iodide of potassium, two drachms; axunge, an ounce. This combination of iodine and iodide of potassium is very active; it speedily irritates the skin, and for this reason must be employed with some caution, especially in the case of those whose skin is susceptible and delicate; but it leads to the introduction of appreciable quantities of iodine into the system more certainly than any other topical application of iodine. In order, however, to obtain this desirable result, on which the efficacy of the treatment chiefly depends, two rules must be attended to in practising the frictions: 1st, To clean the skin perfectly by a preceding friction, in order to remove everything which could prevent the absorption of the drug; 2d, To rub strongly, during at least five minutes, in order, as it were, to force the door, somewhat difficult to open, of cutaneous absorption. The frictions ought to be made around all the surface corresponding to the affected portion, indeed exceeding its limits. Two frictions, one in the morning, another in the evening, suffice. Over the layer of the iodurated ointment, left after the friction, a sheet of cotton wadding is applied, and over this a piece of oiled silk; and the whole is kept in position by a bandage round the body. This mode of dressing has the double advantage of preventing the bedclothes and the patient's linen from being marked by the almost indelible stains of the iodine, as well as of favoring the absorption of the remedy. When the frictions sensibly irritate the skin, they are to be suspended during the time necessary for the subsidence of the irritation, and they are resumed as soon as possible, leaving as few intervals as may be in a treatment the success of which is much favored by its continuousness.

M. Delioux has met with twenty cases where this mode of treatment has triumphed over intra-pleural exudations, some of which succeeded acute pleurisies, the others, in smaller numbers, having existed for a greater or less period of time, and constituting chronic exudative pleurisy. The treatment has lasted from fifteen days to two months; fifteen to twenty days have generally been sufficient to obtain the absorption of false membranes determined by an acute pleurisy. The most tedious case was one where the treatment extended over two months, where the patient had had an inflammation of both pleuræ, and where there was loud and extensive pleuritic friction, but which disappeared completely, leaving the membranes perfectly free. The action of the frictions was followed day by day by auscultating the patients. The diminution, and finally the complete disappearance of the rubbing sound, could thus be distinctly traced.

M. Delioux has applied the same treatment to some cases of pericarditis, but without obtaining any decisive results. He thinks, however, that pericardial false membranes, when they are not extensive, and are situated near the apex of the heart, may be efficaciously treated by the same means. He has, however, had every reason to be satisfied with the results of this treatment in the case of endocarditis following articular rheumatism. In two cases, among others, perseveringly treated by iodurated frictions over the pericardial region, the blowing murmur completely disappeared, and apparently there was resolution of the endocardial lesion which had given rise to it. This result is important when we consider the difficulty which is often found in effacing every trace of the secondary lesions occasioned by rheumatic endocarditis. In this case, no doubt, blisters are very useful, as well as

in pleurisy; but when they do not succeed, M. Delionx recommends to have recourse to iodurated frictions, which appear to favor resolution.

M. Delionx endeavored to determine whether the internal use of iodine in exudative pleurisy and endocarditis would increase the effect of the topical applications. It appeared to him, at least in the first of these conditions, that the internal administration of iodide of potassium was of use; the resolution of the pleuritic false membranes took place with no greater rapidity than in the case of those submitted simply to the topical applications. It appears, then, that in certain circumstances medicines develop greater activity of action when they arrive directly at the affected organs by the local circulation. The topical employment of iodurated applications in the case of inflammations of the serous membranes situated near the periphery of the body, is a practical consequence of this peculiarity of absorption.—*Edinburgh Med. Journal*, from *Bulletin Général de Thérapeutique*, and *Gaz. Médicale de Paris*, 17th January, 1863.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

MARCH 9th.—*Sudden Death from fatty Disease of the Heart.*—Dr. GAY reported the following case:—

A man, 30 years old, of intemperate habits, sprained his knee, two weeks ago, by slipping in the street. There was pain and some swelling, for which Dr. Gay ordered leeches and a poultice. The patient seemed to be doing well, and Dr. Gay saw him for the last time on the 6th inst. This morning he was sent for at 5 o'clock, and found the patient dead. He had been as well as usual the previous evening, but at midnight he was attacked with distress in breathing and a feeling of choking. There were no chills, and no cramps. Dr. Gay learned that since his accident he had drunk a bottle of whiskey daily.

Dr. ELLIS showed the heart of this patient. The pericardium contained from one to two drachms of turbid serum. An irregular, thin, white patch was seen upon the anterior surface of the right ventricle, but nothing which indicated recent disease. The heart contained a large quantity of liquid blood and some small coagula. The adipose tissue of the wall of the right ventricle had so encroached upon the muscular substance that only a very thin layer of the latter remained. On making incision in various parts of the wall, which retained their usual thickness, many points were found to be occupied by adipose tissue. A few isolated points of the same character also existed in the walls of the left ventricle. The liver was quite large, of a light red color, very friable, and contained a very large amount of fat. The kidneys were unusually vascular, the Malpighian bodies being very distinct. To the naked eye the cortical substance appeared sufficiently healthy. On microscopic examination, the tubuli were found so filled with granular matter that no appearance of a canal remained. The lungs, with the exception of some ecchymosis beneath the pleura, were healthy. Other organs normal.